

Due Date _____

OTM Order Control No. _____

Approved _____

Page _____ of _____

LOUISIANA STATE GOVERNMENT MISCELLANEOUS SERVICE ORDER FORM

SANS/FACS CODE _____

DEPT. _____

DATE _____

OFFICE _____

PREPARED BY _____

SECTION _____

CONTACT _____

UNIT _____

PHONE NO. _____

LOCATION _____

SYSTEM NO. _____

MAIN ACCT PHONE NO. _____

[illegible]

**OTM/S-1 Louisiana State Government Miscellaneous
Service Order Form (Rev. 7/95)**

This form may be used for ordering business line (non-Centrex) service.

Approved	For OTM use only.
Due Date	For OTM use only.
OTM Order Control No.	For OTM use only.
Page	For OTM use only.
SANS/FACS Code	Cost center for the services.
Dept.	Department requesting the service.
Office	Office requesting the service.
Section	Section requesting the service.
Unit	Unit requesting the service.
Location	Street address where service is to be provided. If no address is available, describe the physical location. Include floor and room numbers. If the agency is located in a single-floor building indicate floor one (1).
Main Account Phone No.	Main billing telephone number at the location where services are to be provided.
Date	Date the form was prepared.
Prepared By	Person who prepared the order.
Contact	Person OTM may contact regarding the service order. This should be someone located at the site where services are being provided. This contact person is usually the one contacted by OTM to verify that the service order has been completed.
Phone No.	Telephone number of the contact person.
System No.	It is not necessary that this be completed.
(Second half of form)	Describe in detail the services being requested.